

MAR 13 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

6468

## 1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas CityRegistration District No. 399  
Primary Registration District No. 1002  
(No. 4427 Agnes Avenue)File No. ....  
Registered No. 652  
St. .... Ward)2. FULL NAME Mrs. Amanda C. Janicke(a) Residence, No. 4427 Agnes Avenue St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22, 18777. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
59 6 21OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MissouriFATHER  
13. NAME Lawrence Straub14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MissouriMOTHER  
15. MAIDEN NAME Elizabeth Colebush16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Mrs. F. S. Brown  
4427 Agnes Avenue18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Feb. 16 193719. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel  
Kansas City, Missouri20. FILED 2/15 1937 M. M. Crowe  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13 1937

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him live on Feb. 12 1937 Death is said

to have occurred on the date stated above at ..... m.

The principal cause of death and related causes of importance were as follows:

Chronic deforming Date of onsetArthritisChronic myocarditis

Other contributory causes of importance:

Chronic myocarditis

